



Department of the Interior
U.S. Fish and Wildlife Service

Expires (2/28/01)
OMB No. 1018-0094

FEDERAL FISH AND WILDLIFE LICENSE/PERMIT APPLICATION FORM

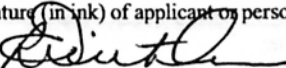
RETURN TO:

Type of Activity:

**3-200-56 NATIVE ENDANGERED AND THREATENED
SPECIES - INCIDENTAL TAKE**

A. COMPLETE IF APPLYING AS AN INDIVIDUAL			
1. Name:			
2. Street address:			3. County:
4. City, State, Zip code:			
5. Date of birth:	6. Social Security No.:	7. Occupation:	
8. List any business, agency, organizational, or institutional affiliation associated with the wildlife to be covered by this license or permit:			
9. Home telephone number:	10. Work telephone number:	11. Fax number:	12. E:mail address:

B. COMPLETE IF APPLYING AS A BUSINESS, CORPORATION, PUBLIC AGENCY OR INSTITUTION			
1. Name of business, agency or institution: Indiana-American Water Company, Inc. (INAWC)			2. Tax identification no.: 35-0936102/0
3. Street address: PO Box 64486, 650 Madison Street			4. County: Lake
5. City, State, Zip code: Gary, IN 46401-0486			
6. Describe the type of business, agency, or institution: Municipal Water Utility			
7. Name and title of person responsible for permit (president, principal officer, director, etc.): R. Douglas Mitchem, V.P. Operations			
8. Home telephone number:	9. Work telephone number: 314-996-2357	10. Fax number: 314-432-7824	11. E:mail address: dmitchem@amwater.com

C. ALL APPLICANTS COMPLETE	
1. Do you currently have or have you had any Federal Fish and Wildlife License or Permit? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, list license or permit numbers:	
2. Have you obtained any required state or foreign government approval to conduct the activity you propose? Yes <input type="checkbox"/> No <input type="checkbox"/> Not required <input checked="" type="checkbox"/> If yes, provide a copy of the license or permit.	
3. Enclose check or money order payable to the U.S. FISH AND WILDLIFE SERVICE in the amount of \$25. Institutions which qualify under 50 CFR 13.11(d)(3) may be exempt from fees.	
4. ATTACHMENTS: Complete the additional pages of this application. Application will not be considered complete without these pages. Incomplete applications may be returned.	
5. CERTIFICATION: I hereby certify that I have read and am familiar with the regulations contained in Title 50, Part 13, of the Code of Federal Regulations and the other applicable parts in subchapter B of Chapter I of Title 50, and I further certify that the information submitted in this application for a license or permit is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.	
6. Signature (in ink) of applicant or person responsible for permit in Block A or B 	7. Date: 4/18/05



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9. Home telephone number:	10. Work telephone number:	11. Fax number:	12. E:mail address:

B. COMPLETE IF APPLYING AS A BUSINESS, CORPORATION, PUBLIC AGENCY OR INSTITUTION			
1. Name of business, agency or institution: Northern Indiana Public Service Company			2. Tax identification no.: 350552990
3. Street address: 801 East 86th Avenue			4. County: Lake
5. City, State, Zip code: Merrillville, Indiana 46410			
6. Describe the type of business, agency, or institution: Electric and Natural Gas Utility			
7. Name and title of person responsible for permit (president, principal officer, director, etc.): Ronald J. Ragains, Director, Construction			
8. Home telephone number:	9. Work telephone number: 219-938-7698	10. Fax number: 219-938-7694	11. E:mail address: RJRagains@NiSource.com

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6. Signature (in ink) of applicant or person responsible for permit in Block A or B <i>Ronald J. Ragains</i>	7. Date: April 29, 2005